1 11 21 31 41 49

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

02860.0789

CLAIMS AS FILED - PART I												
								SMALL ENTITY TYPE		0.0	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS				SS				RATE	FEE	OR 一		
F	OR ·	1	NUMBER FILED		NUMBER EXTRA		BASIC FE	+		BASIC FE	FEE	
TOTAL CHARGEABLE CLAIMS					· 35		}	<u> </u>	2 363.0	OR	BASIC PE	770.00
╟	DEPENDENT (- 				*		X\$ 9=	<u> </u>	OR	X\$18=	630
ΙΙ—		ENDENT CLAIM F	6 minus 3 =		3			X43=		OR	X86=	258
	——————		HESENI					+145=		OR	+290=	
*1	f the differenc	e in column 1 is	less than z	ero, enter	"0" in	0" in column 2		TOTAL		OR	TOTAL	1698
	. (CLAIMS AS	AMENDE	MENDED - PART II					<u></u>		OTHER	
_	T	· ·	(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		· X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
<u></u>	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		 	. 1 4 5		1		
							L	+145=		OR	+290= TOTAL	
		Α	DDIT. FEE		OR ,	DDIT. FEE						
_		(Column 1)		(Colum HIGHE		(Column 3)	_					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	_ ! L.C
	Independent	*	Minus	***		=	┢	X43=	•	1 1	X86=	
	FIRST PRESE	NTATION OF ML	JLTIPLE DEP	TIPLE DEPENDENT CLAIM			-	A40-	•	OR	A00=	
								+145=		OR	+290=	•
								TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column 1)		(Column		(Column 3)			. •			
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATÉ	ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	with the same of t		=		X43=		~ F		
	FIRST PRESE	NTATION OF MU		-			OR	X86=				
* If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
11	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR AC	TOTAL DIT. FEE	
T	he *Highest Num	ber Previously Paid	For* (Total or)	independent	ss than) is the h	s, enter "3." highest number f		ort. FEE L	opriate box			